

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 1191684026 FILING DATE

APPLICANT(S)

12115100

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1		1			51					
2		1			52					
3		1			53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
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17					67					
18					68					
19					69					
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23					73					
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25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.	47				
TOTAL DEP.					TOTAL DEP.	48				
TOTAL CLAIMS					TOTAL CLAIMS	52				